

Jackson Township
Request for Public Information
Under Pennsylvania Right to Know Law

Requested: _____

REQUEST SUBMITTED by: Email ____ US Mail ____ Fax ____

Name: _____

Address: _____

Phone Number: (Day) _____

Email Address: _____

Description of Information Requested: _____

Do You Want Copies? : Yes or No

Do You Want to Inspect Records? : Yes or No

Do You Want Certified Copies of Records? : Yes or No

Way(s) I prefer to receive requested information (check as many that apply):

- ☐ Review it in person (no fee)
- ☐ Paper copy - 25¢ per page for first 10 pages; 10¢ for each additional page
- ☐ Need Certification of Record - \$1.00 per record, not per page

**** If it is expected that the costs will exceed \$100.00, prepayment of estimated fee is required.**

*** Fees are established by Pennsylvania Office of Open Records**

Requester Certification: I hereby certify by my signature below that I am the person named above and that the personal information contained herein is true and correct to the best of my knowledge. I acknowledge that, under the Pennsylvania Right to Know Law (65 P.S. §§ 66.1 – 66.9) Jackson Township may take a reasonable period of time in which to process my request and may charge a reasonable fee for any information provided. In addition, I assume financial responsibility for and will pay for any fees associated with this request.

Signature of Requestor: _____

*** Jackson Township will not fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702). Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise requested by law. (Section 703).**

OFFICIAL TOWNSHIP USE ONLY

Request Processed by: _____ Date: _____

Date Information Released to Requestor: _____

Amount Due: \$ _____ Amount Received: \$ _____